

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90022 004 ***158.75

DOCUMENT # P96000001410

1. Corporation Name
HAVANA GUINES AGENCY, CORP.

Principal Place of Business

321 PALM AVE
HIALEAH FL 33010
US

Mailing Address

4315 NW 7TH ST
SUITE 41
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number

65-0679937

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 4315 NW 7th STREET

Suite, Apt. #, etc.

27 SUITE - 7

City & State

28 MIAMI, FLORIDA

Zip

Country

29 33126

30 US

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
4315 NW 7TH STREET
SUITE 41
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4315 N.W. 7th STREET

83

SUITE NO 7

84 City

MIAMI,

FL

85 Zip Code

33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDT
NAME MIRABAL, JORGE
STREET ADDRESS 51 WEST 4 STREET #2
CITY-ST-ZIP HIALEAH FL 33010 ☒ DELETE

TITLE VPD
NAME PEREZ, PEDRO
STREET ADDRESS 7225 NW 25 STREET #305
CITY-ST-ZIP MIAMI FL 33122 ☐ DELETE

TITLE DS
NAME RAUL, MARTIN
STREET ADDRESS 5226 NW 7 STREET, B-204
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDT
1.2 NAME MIRABAL, JORGE
1.3 STREET ADDRESS 880 W. 37th TERRACE
1.4 CITY-ST-ZIP HIALEAH, FL 33012 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE VPDS
3.2 NAME RAUL, MARTIN
3.3 STREET ADDRESS 5226 NW 7th STREET, B-204
3.4 CITY-ST-ZIP MIAMI, FL 33126 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 882-8809

CR2E034 (11/98)